POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	<fill in here>
Title	<fill in here>
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

☑ Practitioners at Customer Number ▭ 36067 ▭ ━━▶ *Place Customer Number Bar Code Label here*

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Address	6 WILLIAM AVENUE		
Address			
City	HENLEY BEACH	State SOUTH AUSTRALIA	Zip 5022
Country	AUSTRALIA		
Telephone		Fax	

I am the:

☑ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	<fill in here, sign and date> *GREG KOGMURECKI*
Signature	*[signature]*
Date	*30 MAY 04*

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.